in weight; on the contrary, on account of the heightened voracity, the animal's weight was considerably increased. This was thought to be due to the fact that the bile accumulated in the stomach, and was emptied, together with the chyme, into the duodeum. It is interesting to note the fact that a considerable increase in the size of all the bile ducts occurred. This was most marked in a dog, killed after one month, while in the others, killed two or three months afterwards, the hepatic ducts were slightly enlarged; the cystic duct, however, being enlarged in a ball-shaped manner, which suggested an attempt on the part of nature to form a new gall-bladder. Oddi convinced himself of the existence of a sphincter of the ductus choledochus, and interprets the behavior of the animals during life, and the condition of the bile ducts found after death, as a result of the action of the sphincter which converts the flow of the bile from a continuous flow to that approaching the normal.—*Centbl. f. Chir.*, 1889, No. 8.

GEO. R. FOWLER (Brooklyn).

VII. The Surgical Treatment of Tubercular Peritonitis. By DR. F. SPAETH. Spaeth asserts that, in the vast majority of reported cases of so-called tubercular peritonitis reported as cured by abdominal incision and drainage, the proof of the existence of a true tuberculous affection, *i. e.*, the demonstration of the presence of Koch's bacillus, is wanting. He disapproves of the operation, basing his views upon an unfavorable experience in indubitable cases.

His conclusions are as follows: 1. In primary peritoneal tuberculosis, other organs being not affected, the operation of laparotomy may be entertained or even recommended as a remedy. 2. In peritoneal tuberculosis, with coexisting affection of the female genital organs, the operative procedure has not been followed by encouraging results; the same remark applies as well to cases in which the diseased organs have been removed. 3. In tubercular peritonitis arising from a tuberculous disease of the intestinal tract, a palliative effect is likewise only to be expected. 4. In cases of tuberculosis of the genitals without peritoneal tuberculosis, a very early operative procedure is frequently successful. The indications, in this class of cases, are difficult to appreciate on ac-

count of the rare possibility of an accurate bacteriological diagnosis being previously made. 5. Primary bacillary peritoneal tuberculosis is a much rarer disease than heretofore supposed. The diagnosis is therefore to be accepted only when a bacteriological foundation exists for its support.—*Deutsche Med. Wochenschrift*, 1889, No. 20.

VIII. Colorectostomy. By DR. E. ULLMAN. The miserable condition of patients suffering from inoperable carcinoma of the rectum, particularly those who, with the view of prolonging life, submit to the operation of colotomy, are set forth. The location of the disease high up, in itself constituting a contraindication to excision of the rectum, forms an indication, in the opinion of the author, for the establishing of an anastomosis between that portion of the bowel situated above the tumor and the portion lying immediately below the stricture (colorectostomy). By this means the portion of the bowel the site of the disease is removed from the track of the fæcal discharges. This procedure does not present, according to the author, a greater danger than colotomy, and extirpation of the disease is not entirely abandoned. Upon opening the peritoneal cavity, it may be found that a radical operation is possible in a given case; on the other hand, this proposal may be held in reserve as an alternative procedure.—*Wiener Med. Presse.*, 1889, No. 24.

G. R. FOWLER (Brooklyn).

IX. Appendicitis. By C. MCBURNEY, M.D. (New York). One cannot with accuracy determine the extent and severity of the disease from the symptoms. Pain to a greater or less extent is present in all cases. General abdominal pain is often all that the patient will complain of during the first few hours of the attack, but later it becomes more and more evident that the chief seat of pain is in the iliac fossa. The epigastric region is frequently the point first complained of. In every case the seat of greatest pain, determined by the pressure of one finger, has been very exactly between an inch and a half and two inches from the anterior superior spinous process of the ilium in a straight line drawn from that process to the umbilicus. Fever to some extent